

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: THORP ADULT FAMILY HOME (199055)
Address: 717 LAMAR DR, MILTON, WI 53563
License Status: REGULAR
Licensed/Certified/Registered 03/26/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095244 **End Date:** 07/14/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008255 Served 07/23/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Survey ID: 0090888 End Date: 08/26/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007851 Served 08/30/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	07/14/2005	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	07/14/2005	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	07/14/2005	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	07/14/2005	Yes
88.07(3)(e)2	MEDICATION- RECORD OF SIDE EFFECTS	07/14/2005	Yes
88.09(1)(d)9	RESIDENT RECORD-RESIDENT RIGHTS	07/14/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Enforcement History

Date: 07/21/2005 SOD #10008255 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.